



Office of Vocational Rehabilitation
Supervisor Pre-Approval Form for Training

Vendor:

Location:

Title:

Dates:

Please attach an agenda or course description

How will this training help me in my current job or a job in OVR that I aspire to?

Expenses to be paid from Budget Unit #

Please check all expenses that are involved in attending this training:

☐ Travel ☐ Lodging ☐ Registration ☐ Materials

☐ Meals ☐ Other Total Estimated Cost:

In requesting this training I affirm and agree to the following:

- This training is relevant to my job responsibilities and career development objectives.
- The training requested is identified on my Career Development Plan.
- The information obtained from this training will be shared with co-workers in either formal or informal settings as requested or approved by my supervisor.
- I will provide a certificate of completion or attendance to the HRD Program Administrator so that the training can be recorded in my OVR transcript.
- If I am unable to attend this training after having registered, I will cancel the training in an appropriate timeframe to avoid unnecessary charges to OVR.

Employee Name:

Job Title:

Office Location:

Employee Signature

Date

For Supervisor Use Only

I agree that the above requested training is:

☐ Relevant ☐ Cost Effective ☐ Affordable
☐ Listed in the employee Career Development Plan

Supervisor Signature

Date

**PLEASE SEND A COMPLETED COPY OF THIS FORM TO THE HRD
PROGRAM ADMINISTRATOR.**